

**ENERGY REIMBURSEMENT REQUEST**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS**  
SFN 59519 (06/13)



P.O. Box 2057  
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Please complete and submit this **form along with all with other reporting requirements/supporting documents** that were listed in the Scope of Work of the Agreement.

Organization		Primary Contact	
Title		Address	
City		State	Zip
Primary Telephone	Primary Fax	Primary E-mail	
Project Location			

**Financial Data**

Total Award Amount	\$
Previous Requests	\$
Amount Currently being Requested for Reimbursement	\$
Amount of Funding Remaining	\$

Is this your final reimbursement request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Were all of your project costs incurred during the award period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Activity Data**

Describe what was accomplished with the funds. Include all measures of success.
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Signature	Title	Date
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<b>FOR OFFICE USE ONLY</b>			
Grant Number	Approved for Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature	Date